

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/338212**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	2	↓	2	↓		↓	
TOTAL DEP.	8	↔	8	↔		↔	
TOTAL CLAIMS	10	[QR]	10	[QR]		[QR]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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TOTAL DEP.		↔		↔		↔	
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS		[QR]		[QR]		[QR]	